

**IDAHO DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET**

W.R. # 94-7521

APPLICATION ID # 75841

ENT. 8/18 BCA

9/9/09 OK to Publish 9/9/09

APPLICANT: City of Kellogg

INITIAL REVIEW

BY: KD

DATE: 8/18/2009

ITEM REQUIRED INFORMATION

1. ☒ Name and Address
2. ☒ Source
3. ☒ Point of Diversion & County
4. ☒ Quantity
5. ☒ Nature of Proposed Use
6. ☒ Period of Use
7. ☒ Total Quantity
8. ☒ Description of diverting works
9. ☒ Time required for b/u
10. ☒ Proposed use
11. ☒ Place of use or acres irrigated
12. ☒ Other water Rights
13. ☒ Ownership
14. ☒ Map
15. ☒ Signature
16. ☒ Fee (Amt, receipt, acknowledgement)

*** Send info sheet Y () N ()

ADDITIONAL INFORMATION

(Yes)(No)

- ☒ Shape File Created Date 8/18 By: KD
- Field check: by _____
- Field report attached _____
- Analysis Supp. Attached (>5cfs/500af) _____

Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No)

PRIORITY DATE: 8/10/2009

(Include Moratorium Remark)

Statewide Advertising: (Diversion rate greater than 10 cfs or 1,000 af).

ADVERTISE IN:

Shoshone County

Newspaper: Shoshone News Press

Dates scheduled for publication 9/17-24/09

Affidavit of Publication received: 9/29/09

Dates actually published: 9/17+24/09

Application published correctly. Yes ☒ No _____

If not, action taken: _____

Final Date for Protest: _____

Protests Received: Yes _____ No ☒

LETTERS SENT REQUESTING:

- () Dam Information () Fish Information
- () Power Information () Other: _____

INFORMATION RECEIVED:

- () Dam Information () Fish Information
- () Power Information () Other: _____

GROUNDWATER SECTION

WD Permit No.'s:	Tag #	Type:	Fees	Receipt No.	Upgrade Needed?
_____	_____	Dom. Non-Dom.	Paid \$ _____	_____	Y () N (<u>4</u>) <u>1973</u>
_____	_____	Dom. Non-Dom.	Paid \$ _____	_____	Y () N ()
_____	_____	Dom. Non-Dom.	Paid \$ _____	_____	Y () N ()

- Groundwater management area _____
- Critical ground water area _____
- Well Drilling Permit required _____
- Well Drilling Application and Fees received _____
- Well Drilling Application approved? _____

Remarks: _____

FINAL REGIONAL PROCESSING/REVIEW

- (Yes)(No)
- ☒ Notice of pending void order issued. Final order response date: _____/_____/_____
- ☒ Further information required from applicant _____

- ☒ Measuring device required
- ☒ Measuring port required
- ☒ Special conditions: _____
- ☒ Special conditions of approval supplement and/or cover letter attached: _____

Approval Recommended by: Katherine Franklin

Date: 12-3-2009 Sr. Agent initial KD